

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

16f 2

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4	2		1			
5	2		2			
6	2		2			
7	2		1			
8	2		1			
9	2		1			
10	2		1			
11	2		1			
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45	2		1			
46	2		1			
47	2		1			
48	2		1			
49	2		1			
50	2		1			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		1		1		
53		1		1		
54		1		1		
55		1		1		
56		1		1		
57		1		1		
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60		1		1		
61		2		1		
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90		2		2		
91		2		2		
92		2		2		
93		2		2		
94		2		2		
95		2		2		
96		1		1		
97		1		1		
98		2		2		
99		2		2		
100		2		2		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. / FILING DATE

APPLICANT(S)

JCF

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
10 1						
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10 42						/
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10 44						/
10 45						/
10 46						/
10 47						/
10 48						/
10 49						/
10 50						/
TOTAL IND.					13	
TOTAL DEP.					47	
TOTAL CLAIMS					44	

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								/
52								/
53								/
54								/
55								/
56								/
57								/
58								/
59								/
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61								/
62								/
63							1	/
64								/
65								/
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								

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